No. 2
5-42
17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38455

State File No.

Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 213

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--McDonald Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1, Reeds
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - -
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Reeds
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME Leo Moncrief McFadden

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Echo McFadden

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 22 (Day) 1868 (Year)

8. AGE: Years 75 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Wayne County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business None

MOTHER FATHER

12. Name Henry McFadden

13. Birthplace (City, town, or county) Maryland (State or foreign country)

MOTHER

14. Maiden name Mary Heerd

15. Birthplace Frankfort (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. L. M. McFadden

(b) Address Route 1, Reeds, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Nov. 11 '43 (Date received local registrar) (b) Elizabeth Coupland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1943 hour 1:15 minute a M.

21. I hereby certify that I attended the deceased from 1941
, 19 , to 11-10 , 1943
that I last saw him alive on Oct 31 , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*
Carcinoma of prostate gland — 3 yrs +
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51 L
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury:

23. Signature Dr. Russell Smith (M. D. or other) M.D.
Address Carthage Mo. Date signed 11-11-43

(Licensed Embalmer's Statement on Reverse Side)

43-11-1080

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emma L. Knell

Licensed Embalmer No. 391

P. O. Address Markham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.